**Nancy K. Grote Memorial Fund Grant Application**

* **The International Society of Interpersonal Psychotherapy (ISIPT) and Nancy K. Grote (NKG) Memorial Fund accepts applications for grants to support activities related to the teaching, training, disseminating, and furthering understanding of Interpersonal Psychotherapy (IPT) with a focus on the perinatal period and low-resourced communities.**
* **Grantees will develop and implement a project related to the goals of the NKG memorial fund.**
* **Funds up to $15,000 may be requested to support the project.**
* **Grantees must be members of ISIPT at the time of application submission and throughout the project period.**
* **Work will be completed within 1 year of funding.**
* **Grantees will provide an interim update on project progress to NKG Committee members at project midpoint (month 6) via written documentation and Zoom.**
* **A final report will be submitted to ISIPT within 4 months of project completion.**

Please submit the application via email to [info@interpersonalpsychotherapy.org](mailto:info@interpersonalpsychotherapy.org) with “NKG Memorial Fund Application” in the subject line. Include the **applicant’s CV** in the proposal and submit all files as a SINGLE PDF attachment. **Applications must be received by Friday June 7 at 5 pm Eastern Daylight Time**.

**Project Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Professional Degree(s) of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Applicant currently a member of ISIPT** ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary/Co-Applicant (if relevant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Professional Degree(s) of Co-Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Position of Co-Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address of Co-Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Co-Applicant currently a member of ISIPT ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PROJECT ABSTRACT/SUMMARY (Max 250 words)**

|  |
| --- |
|  |

1. **PROGRAM DESCRIPTION (Max 500 words)**

|  |
| --- |
|  |

1. **PRIOR BACKGROUND AND RELATED WORK THAT WILL ENABLE THE TEAM TO CARRY OUT THIS PROJECT (Max 100 words)**

|  |
| --- |
|  |

1. **S USTAINABILITY PLAN (How will you ensure that accomplishments related to this project continue to have impact after the project concludes) (Max 100 words)**

|  |
| --- |
|  |

1. **HOW WILL YOUR PROJECT PROMOTE ISIPT ENGAGEMENT/MEMBERSHIP (Max 100 words)?**

|  |
| --- |
|  |

1. **HOW DOES YOUR PROJECT ALIGN WITH THE GOALS AND MISSION OF THE NANCY K. GROTE MEMORIAL FUND? (Max 100 words)**

|  |
| --- |
|  |

1. **ETHICS COMMITTEE APPROVAL AND HUMAN SUBJECTS PROTECTIONS** (if relevant, please indicate plans to ensure ethical conduct of research, including oversight by local ethics committee and plans to provide for protection of human subjects; if not relevant to your proposal, indicate N/A) (Max 250 words).

|  |
| --- |
|  |

1. **TIMELINE** (Provide an overview of your project implementation plan identifying at least three (3), but no more than ten (10), major milestones. Milestones should demonstrate progress toward completion of the project and attainment of goals. Please include dissemination of results as a milestone).

|  |  |
| --- | --- |
| MILESTONE | DATE |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **BUDGET**

**BUDGET OVERVIEW (Max 250 words)**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM DESCRIPTION | PRICE | QUANTITY | TOTAL |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** | | |  |

1. **EVALUATION (Indicate how you will assess the success of the program) (Max 100 words)**

|  |
| --- |
|  |

1. **PLEASE INDICATE WHERE, IF THE GRANT IS AWARDED, FUNDS SHOULD BE SENT (Note that if funds are to be sent to an individual, an oversight plan should be provided such as letter of support from a local official or supervisor).**

|  |
| --- |
|  |

1. **STAFF & ORGANIZATIONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & TITLE | EXPERTISE | IPT QUALIFICATIONS AND ISIPT MEMBERSHIP STATUS | PLANNED CONTRIBUTIONS TO PROJECT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I certify that the information submitted is my own work and that all the statements are true, complete, and honestly presented.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If selected as an ISIPT/NKG Grantee, I will submit to ISIPT a written summary of interim accomplishments 6 months after funding and a final written report no later than four months after project completion (16 months after funding is awarded).

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am currently a member in good standing of ISIPT, and I agree to maintain active membership through the completion of the project period.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If selected as an ISIPT/NKG Grantee, I will give ISIPT the permission, right, and license to use and reproduce my image and information provided, without compensation and in whole or in part, in or for any ISIPT press releases, ISIPT website content, and/or ISIPT print and electronic communications (including recap summaries), whether to internal or external audiences.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_